

**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK,
TEMPORARY TOUR OF ACTIVE DUTY, AND ANNUAL TRAINING FOR SOLDIERS OF THE
ARMY NATIONAL GUARD AND U.S. ARMY RESERVE**

For use of this form, see AR 135-200; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 672(d) and USC 275.

PRINCIPAL PURPOSE: To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.

ROUTINE USES: To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders.

DISCLOSURE: Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

PART I - APPLICANT (Read instructions in AR 135-200 before completing this form.)

1. TO (Include ZIP Code)

2. NAME (Last, First, MI)

3a. PERMANENT HOME ADDRESS (Include ZIP Code)

4a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code)

3b. HOME TELEPHONE NUMBER (Include area code)

4b. HOME TELEPHONE NUMBER (Include area code)

3c. BUSINESS TELEPHONE NUMBER (Include area code)

4c. BUSINESS TELEPHONE NUMBER (Include area code)

5. UNIT OF ASSIGNMENT OR ATTACHMENT

6. GRADE

7. BRANCH

8. SEX

☐

Male

☐

Female

9. DOB

10. MARITAL STATUS

11. NO. OF DEPENDENTS

12. PRIMARY SSI (AOC)/MOS

13. DUTY SSI (AOC)/MOS

14. HEIGHT

15. WEIGHT

16.

☐

I am

☐

I am not

drawing a pension, disability compensation,
or retired pay from the U.S. Government.

17. TOTAL YEARS, MONTHS, DAYS OF ACTIVE
FEDERAL SERVICE (AFS)

18. FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY: THIS APPLICATION IS FOR (Check one)

☐

IMA AT

☐

ADT in lieu of IMA AT

☐

Additional ADT

19. DATES OF ADSW/TTAD/ADT/AT REQUESTED

a. FIRST CHOICE

b. SECOND CHOICE

NUMBER OF DAYS

BEGINNING DATE/TIME

NUMBER OF DAYS

BEGINNING DATE/TIME

LOCATION

LOCATION

DUTY/TRAINING AGENCY

DUTY/TRAINING AGENCY

20. To the best of my knowledge and belief, I am physically qualified for active military duty. I was

a. LAST EXAMINED ON

b. AT

21. SIGNATURE

22. DATE

23. REMARKS

I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (Manpower and Reserve Affairs). I hereby consent to my release from active duty at the completion of this tour.

(Signature of applicant)

PART II - RECORDS CUSTODIAN

24. PAY ENTRY BASIC DATE	25. SECURITY CLEARANCE	26. PROMOTION CONSIDERATION CODE	27. DATE OF RANK
28. RYE DATE	29. ETS (Enlisted)	30. MANDATORY REMOVAL DATE (Officers)	31. UIC
32. HIV TEST DATE	33. PANOGRAPHIC DENTAL X-RAY ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		

34. List all previous AD, TTAD, AT, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY			b. TYPE TRAINING/ DUTY (AD, TTAD, etc.)	c. LOCATION/ INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			

e. SIGNATURE OF UNIT COMMANDER	f. DATE
35a. NAME OF RECORDS CUSTODIAN (Last, First, MI)	b. GRADE
c. SIGNATURE	d. DATE

ADSW APPLICATION AND CHECKLIST

NAME/RANK: _____

SSAN: _____

PHONE NUMBERS TO INCLUDED CELL NUMBERS _____

E-MAIL ADDRESS _____

DESIRED UNIT/LOCATION : (MUST BE WITH IN 50 MILES OF SIDPERS ADDRESS) _____

START DATE: _____

CURRENT ETS (MUST HAVE TWO YEAR REMAINING) _____

ATTCH:

- Completed ARNG 1058 R (Dated July 2010)
- Copy of most recent military physical
- Copy of current PHA (medical evaluation within last 12 months)
- Copy of current HIV test (within 2 years) (test may be obtained from health department at own expense)
- Copy of most recent DA 705 (AFPT)
- Height/Weight Certificate (with DA 5500, if applicable)
- Copy of pregnancy test (females) (taken within 15 days of start date)
- Copy of RPAS/RPAM/PQR
- Statement of Understanding

NOTE:

- Applicants cannot be Federal Technicians
- Applicants will not be ordered to FTE or MOB AUG if duty will place them in a Sanctuary status (18 years Active Federal Service).
- Applicants will not be ordered to FTS or MOB AUG if duty will place them in a Severance Pay status. Severance pay is due to any Soldier that has six years of continuous Active Federal Service without a 31 day break in service.
- Applicants must be fully deployable.
- Applicants must not be on any temporary profiles.
- Applicants must not have any flagging actions.
- Soldiers will be in a Full-Time National Guard Duty – Operational Support status.
- Soldiers may request voluntary early release from FTE/MOB AUG duty.
- Soldier may be released involuntarily at any time. Soldier will be notified in writing with release date specified. Whenever possible, Soldiers will receive at least 15 calendar day's notification of their release.
- FTE/MOB AUG orders are continuous and may not be broken.
- FTE/MOB AUG Soldiers are not entitled to Per Diem, unless authorized by JFH-MS-HRM.
- FTE/MO AUG Soldiers are not entitled to PCS Allowances.
- For FTE, applicant must be a member of the unit where FTE is performed.

DOCUMENTS AND DATA LISTED ABOVE MUST BE FURNISHED

JFH-MS-HR

ATTN: SSG Rhonda M Dunn

1410 Riverside Drive

Jackson, Mississippi 39202

Office number (601) 313-6278

**FULL-TIME EQUIVALENT (FTE) / MOBILIZATION AUGMENTEE (MOB AUG)
STATEMENT OF UNDERSTANDING**

Purpose: This form must be completed by all Soldiers applying for Full-Time Equivalent (FTE) or Mobilization Augmentee (MOB AUG) positions.

I understand I will accumulate 2.5 days of leave per month (12 months = 30 days). It is my responsibility to take leave as earned. **I will not have the option to sell leave at the end of my active duty tour as a Full-Time Equivalent (FTE) or Mobilization Augmentee (MOB AUG) Soldier.** I further understand my orders will not be extended to allow the depletion of any leave balance.

While performing FTE or MOB AUG duty, I understand I must utilize the Leave Control System located at <https://ftsmcs.ngb.army.mil/LeaveLog/Default.aspx>.

If applying for an FTE position, I understand I must be a member of the unit where the FTE duty will be performed. I further understand I will mobilize with that unit.

I understand I may request a voluntary early release in writing from FTE or MOB AUG duty. I must forward the request through my FTE or MOB AUG chain of command.

I understand I may be released involuntarily at any time from the FTE or MOB AUG program. If released, I will be notified in writing with the release date specified. Whenever possible, I should receive a minimum of 15 calendar days notifying me of my release from FTE or MOB AUG duty.

I understand the orders for FTE duty or MOB AUG duty are continuous and may not be broken.

If performing MOB AUG duty, I may be required to attend Annual Training or Inactive Duty Training with my parent unit of assignment, in addition to the unit I support. If required, travel orders will be issued.

I have read and understand the information above regarding Full-Time Equivalent (FTE) and Mobilization Augmentee (MOB AUG) positions.

Print Last Name, First Name, MI

Signature

Date signed